

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120014	A-ONE FOOD STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
140 WEST STREET			1	1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20224	WELL	2	WELL	A				
61180	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Ms. Angela Crespo						Property Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
132 West St						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-376-2179									
Contact Role(s): Administrative Contact, Legal Contact, Owner									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0120014	A-ONE FOOD STORE	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
140 WEST STREET		1	1			
Towns Served: BOLTON						

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120054	BOLTON CONGREGATIONAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
228 BOLTON CENTER ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2016	
RESPOND TO SANITARY SURVEY	3/11/2020	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/9/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BCC01	WATER TANK	A				
		BCC02	CHURCH BATH SINK	A	Y	2	Y	
		BCC03	KITCHEN CENTER SINK	A		2		
		BCC04	LARGE KITCHEN SINK	A		2		
		BCC05	KITCHEN RIGHT SINK	A		2		
		BCC06	CLASSROOM 1 SINK	A		2		
		BCC07	CLASSROOM 2 SINK	A		2		
		BCC08	LADIES LEFT SINK	A		2		
		BCC09	LADIES RIGHT SINK	A		2		
		BCC10	MENS LEFT SINK	A		2		
		BCC11	MENS RIGHT SINK	A		2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20228	WELL	2	WELL	A				

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120054	BOLTON CONGREGATIONAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
228 BOLTON CENTER ROAD				1			
Towns Served: BOLTON							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
61779	TREATMENT PLANT							

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: SMALL WATER SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
NAVICKIS, THOMAS L.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2021

Contact Information

Name		Organization		Job Title		
Mr. Randall Bobb		Bolton Congregational Church		Board of Stewardship		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
228 Bolton Center Road				Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-649-7077				860-836-5308	RBOBBCT@GMAIL.COM	

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120064	BOLTON ICE PALACE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
145 HOP RIVER ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20229	WELL	2	WELL	A				
57629	HYDRO PNEUMATIC TANK							

Contact Information

Name			Organization			Job Title			
Mr. Charles Morris			Bolton Ice Palace			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
145 Hop River Road			P O Box 9157			Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120064	BOLTON ICE PALACE	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
145 HOP RIVER ROAD				1				
Town(s) Served: BOLTON								
860-646-7851								
Contact Role(s): Legal Contact								
Name			Organization			Job Title		
Mr. Robert Crawford			Bolton Ice Palace, LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
145 Hopriver Road						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-632-0323		860-632-2088			rcrawford25@gmail.com			
Contact Role(s): Owner								
Name			Organization			Job Title		
Ms. Kathleen Shea			Bolton Ice Palace			Operations Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
6 Progress Drive						Cromwell	CT	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-632-0323			860-878-1779	860-878-1779	kathleen.champios@gmail.com			
Contact Role(s): Administrative Contact								
Please note the following:								
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.								
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.								
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.								

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End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120074	BOLTON MOBIL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
129 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19				
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19				
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2021	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	1/28/2021		2/7/2021	
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	1/28/2021		2/7/2021	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20230	WELL	2	WELL	A				

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120074	BOLTON MOBIL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
129 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Contact Information

Name				Organization		Job Title		
Mr. Eric Harvey				Global Partners, Lp		Environmntl Proj Mgr		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
15 Ne Industrial Road						Branford	CT	06405
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
		203-488-3065	845-238-7354		eharvey@globalp.com			

Contact Role(s): **Legal Contact, Owner**

Name				Organization		Job Title		
Mr. Paresh Patel				Bolton Mobil		Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
129 Boston Turnpike						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
					rudra2007patel@gmail.com			

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120084	BOLTON NOTCH PLAZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
661 BOSTON TURNPIKE (ROUTE 44)				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20231	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Louise C. England			Meadowbrook Shopping Center			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 9176						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-649-4349		860-649-5202		860-647-0410	lcengland@sbcglobal.net				
Contact Role(s): Administrative Contact, Owner									

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120084	BOLTON NOTCH PLAZA	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
661 BOSTON TURNPIKE (ROUTE 44)				1				
Towns Served: BOLTON								
Name			Organization			Job Title		
Mr. Wayne E. England			Bolton Mountain View, LLC			Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
81 Tumblebrook Drive						Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-649-1320		860-649-5202						
Contact Role(s): Legal Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120104	BOLTON PROFESSIONAL BLDG	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
921 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Water System Facility: WELL (WSF ID: 20233)

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20233	WELL	2	WELL	A				
60382	TREATMENT PLANT							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120104	BOLTON PROFESSIONAL BLDG	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
921 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Contact Information

Name		Organization			Job Title			
Dr. Ronald Buckman		Bolton Professional Building			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
921 Boston Turnpike						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-0649		860-643-7719			officemanager@familyandsportsmedicine.com			

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120114	BOLTON TOWN HALL	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
222 BOLTON CENTER ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20		Complete	
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20		Complete	
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete	
	1/1/20 - 12/31/20		Complete	
	1/1/21 - 12/31/21			

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20234	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Ms. Joyce Stille		Town of Bolton			Town Administrator			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
222 Bolton Center Road						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-649-8066	115	860-643-0021		860-213-9012	joyce.stille@boltonct.org			
Contact Role(s):		Legal Contact						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120114	BOLTON TOWN HALL	NC	25	L	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
222 BOLTON CENTER ROAD				1				
Towns Served: BOLTON								
Name			Organization		Job Title			
Mr. John Butrymovich			Town of Bolton		Sup. Bldgs. & Grds.			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
222 Bolton Center Road						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-649-8066		860-643-0021		860-649-8066	john.butrymovich@boltonct.org			
Contact Role(s): Administrative Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120154	FISH FAMILY FARM	NC	41	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
20 DIMOCK LANE						3	
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	10/1/19 - 10/31/19	10/1-10/30	Complete
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
L1 ASSESSMENT FORM SUBMITTAL	10/18/2018	
L1 ASSESSMENT (MULTIPLE TC+)	10/18/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20238	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title	
Mr. Donald W. Fish	Fish Family Farm Inc.	Owner	
Mailing Address Line One	Mailing Address Line Two	City	State Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120154	FISH FAMILY FARM	NC	41	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
20 DIMOCK LANE						3	
Towns Served: BOLTON							
10 Dimock Lane			Bolton		CT	06043	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-871-1400		860-870-8337			fishrealty@snet.net		
Contact Role(s): Legal Contact, Owner							
Name			Organization		Job Title		
Mr. Evan J Cossette			Water Boy, LLC		Chief Operator		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
Water Boy, LLC			70 Comstock Trail		East Hampton	CT	06424
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-314-9343					waterboyllc@icloud.com		
Contact Role(s): Administrative Contact							
Please note the following:							
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.							
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.							
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.							

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120174	GEORGINAS PIZZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
275 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2012	
CROSS CONNECTION SURVEY REPORT	3/1/2014	
CROSS CONNECTION SURVEY REPORT	3/1/2015	
CROSS CONNECTION SURVEY REPORT	3/1/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</i>
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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0120174	GEORGINAS PIZZA	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
275 BOSTON TURNPIKE			1			

Towns Served: BOLTON

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM WITHIN 5 SERVICE CON	A					
		UPSTREAM WITHIN 5 SERVICE CON	A					
00700 ENTRY POINT	3	ENTRY POINT	A					
20240 WELL	2	WELL	A					

Contact Information

Name	Organization	Job Title
Mr. George Koutouzis	Georgina's Pizza Restaurant	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
275 Boston Turnpike		Bolton	CT	06043

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-647-0345					nickkoutouzis@gmail.com

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

- Please note the following:**
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120184	HERRICK PARK	NC	29	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
29 HEBRON ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19			Complete
	10/1/19 - 12/31/19			Complete
	1/1/20 - 3/31/20			Complete
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19			Complete
	10/1/19 - 12/31/19			Complete
	1/1/20 - 3/31/20			Complete
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/19 - 12/31/19			Complete
	1/1/20 - 12/31/20			Complete
	1/1/21 - 12/31/21			

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20241	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Ms. Joyce Stille		Town of Bolton			Town Administrator			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
222 Bolton Center Road						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-649-8066	115	860-643-0021		860-213-9012	joyce.stille@boltonct.org			
Contact Role(s):		Legal Contact						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120184	HERRICK PARK	NC	29	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
29 HEBRON ROAD				1				
Towns Served: BOLTON								
Name			Organization		Job Title			
Mr. John Butrymovich			Town of Bolton		Sup. Bldgs. & Grds.			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
222 Bolton Center Road						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-649-8066		860-643-0021		860-649-8066	john.butrymovich@boltonct.org			
Contact Role(s): Administrative Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120294	SAINT MAURICE CHURCH WELL# 2	NC	37	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
32 HEBRON ROAD				2			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20252	WELL	2	WELL #2	A				
55561	TREATMENT SYSTEM							
55563	BLADDER TANK WX-251							

Contact Information

Name			Organization			Job Title			
Father Leon Susaimanickam			Saint Maurice Church			Rev Father			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
32 Hebron Road						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-643-4466					saintmauricechurchbolton@gmail.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0120294	SAINT MAURICE CHURCH WELL# 2	NC	37	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
32 HEBRON ROAD			2			
Towns Served: BOLTON						

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120354	THREE JS CAFE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
124 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20258	WELL	2	WELL	A				
55694	PRESSURE STORAGE							

Contact Information

Name			Organization			Job Title			
Mr. Christopher Morianos									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
124 Boston Turnpike						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-649-4684		860-649-4684		860-983-8924	musky@snet.net				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0120354	THREE JS CAFE	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
124 BOSTON TURNPIKE			1			
Towns Served: BOLTON						

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120374	UNITED METHODIST CHURCH	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1041 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Total Coliform (3100)		3 repeat (RP) per period			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	9/10/19 - 9/15/19		Complete		

Total Coliform (3100)		3 temporary routine (TR) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Water System Facility: WELL (WSF ID: 20260)

E. Coli (3014)		1 triggered (TG) per period			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	9/9/19 - 9/15/19		Complete		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/14 - 9/30/14	2	12/21/2014		12/31/2014	
Physical Parameters M&R Violation	7/1/14 - 9/30/14	3	11/21/2015		12/1/2015	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120374	UNITED METHODIST CHURCH	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1041 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20260	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Ms. Marion B. Knight		Bolton United Methodist Church			Trustee Chair		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
1041 Boston Turnpike					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-643-5287				860-742-9420			

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120384	60 VILLA LOUISA - VILLA LOUISA/ROSSITTOS	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
60 VILLA LOUISA ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **TREATMENT PLANT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	ENTRY POINT	A				
20261	WELL 1	2	WELL 1	A				
56126	WELL 2	2	WELL 2	A				
56132	PRESSURE TANK							

Contact Information

Name		Organization			Job Title			
Mr. Asim Etem		Banquets			Administrator			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 Villa Louisa Road						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-3161								
Contact Role(s): Administrative Contact, Legal Contact								

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120384	60 VILLA LOUISA - VILLA LOUISA/ROSSITTOS	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
60 VILLA LOUISA ROAD				1				
Towns Served: BOLTON								
Name			Organization			Job Title		
60 Villa Louisa Road LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 Villa Louisa Rd						Bolton	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120504	BOLTON SHELL	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
262 BOSTON TURNPIKE				1			

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 10/31/19		Complete		
Total Coliform (3100)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
Total Coliform (3100)		3 repeat (RP) per period			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/23/19 - 10/28/19		Complete		
	11/26/19 - 12/1/19		Complete		
	11/26/19 - 12/1/19		Complete		
	11/26/19 - 12/1/19		Complete		
	12/17/19 - 12/22/19		Complete		
	12/17/19 - 12/22/19		Complete		
	12/17/19 - 12/22/19		Complete		
	1/14/20 - 1/19/20				
Total Coliform (3100)		3 temporary routine (TR) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
DISTRIBUTION (4)	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120504	BOLTON SHELL	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
262 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Water System Facility: WELL 1 (WSF ID: 49166)

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/22/19 - 10/28/19		Complete
	11/25/19 - 12/1/19		Complete
	11/25/19 - 12/1/19		Complete
	11/25/19 - 12/1/19		Complete
	12/16/19 - 12/22/19		Complete
	12/16/19 - 12/22/19		Complete
	12/16/19 - 12/22/19		Complete
	1/13/20 - 1/19/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	3/7/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
49166	WELL 1	2	WELL 1	A				
54098	TREATMENT PLANT							

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120504	BOLTON SHELL	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
262 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Contact Information

Name			Organization			Job Title			
Mr. Anthony Bonito			Bolton Gulf						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
262 Boston Turnpike						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-944-6491				860-944-6491					

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121044	SAINT MAURICE CHURCH WELL# 1	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
32 HEBRON ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20		Complete		
	7/1/20 - 9/30/20		Complete		

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20		Complete		
	7/1/20 - 9/30/20		Complete		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20		Complete		
	1/1/21 - 12/31/21		Complete		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55553	WELL #1	2	WELL #1	A				
55565	HYDROPNEUMATIC TANKS							

Contact Information

Name			Organization			Job Title			
Father Leon Susaimanickam			Saint Maurice Church			Rev Father			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
32 Hebron Road						Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-643-4466					saintmauricechurchbolton@gmail.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0121044	SAINT MAURICE CHURCH WELL# 1	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
32 HEBRON ROAD			1			

Towns Served: BOLTON

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121064	299 BOSTON TURNPIKE - PLAZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 BOSTON TURNPIKE				5			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Nitrite (1041)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
57633	WELL 1	2	WELL 1	A				

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121064	299 BOSTON TURNPIKE - PLAZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 BOSTON TURNPIKE				5			
Towns Served: BOLTON							

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: DISTRIBUTION SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

Contact Information

Name		Organization			Job Title		
Mr. Lawrence Fiano							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
266 Boston Turnpike					Bolton	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-5371		860-649-8046		860-649-5371			

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121084	OUR PLACE RESTAURANT	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
180 WEST STREET				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4	
Start Date: 8/1/2015	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	10/1/2019 - 10/31/2019			
	11/1/2019 - 11/30/2019			
	12/1/2019 - 12/31/2019			
	1/1/2020 - 1/31/2020			
	2/1/2020 - 2/29/2020			

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	1/10/2016		1/20/2016	
pH M&R Violation	8/1/15 - 8/31/15	3	10/25/2016		11/4/2016	
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	12/10/2016		12/20/2016	
pH M&R Violation	9/1/15 - 9/30/15	3	12/17/2016		12/27/2016	
Nitrate And Nitrite M&R Violation	1/1/15 - 12/31/15	2	5/3/2017		5/13/2017	

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121084	OUR PLACE RESTAURANT	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
180 WEST STREET				1			
Towns Served: BOLTON							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59695	WELL 1	2	WELL 1	A				
59699	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Ms. Luisa Parreira								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
97 French Rd						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-6398								
Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121094	BOLTON COSMETIC & FAMILY DENTISTRY	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1100 BOSTON TURNPIKE						1	
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION (4)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			
		DOWNSTREAM	5 SERVICE CONNECTION	A	Y			
		UPSTREAM	5 SERVICE CONNECTION	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
61047	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization			Job Title			
Dr. Cristina Ilies		Bolton Cosmetic & Family Dent			Owner			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
921 Boston Turnpike		Suite C			Bolton		CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-3003				860-920-2391	C_ilies@yahoo.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0121094	BOLTON COSMETIC & FAMILY DENTISTRY	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1100 BOSTON TURNPIKE					1	
Towns Served: BOLTON						

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule